

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B-A	70385	
O.I.P.E. CLASSIFIER		10	6-6-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		9/19/71	8/2

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/12/03
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17	✓	✓	9/12/03
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25	✓	✓	9/12/03
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35	✓	✓	9/12/03
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38	✓	✓	9/12/03
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42	✓	✓	9/12/03
43	✓	✓	9/12/03
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47	✓	✓	9/12/03
48	✓	✓	9/12/03
49	✓	✓	9/12/03
50	✓	✓	9/12/03

Claim	Final	Original	Date
51	✓	✓	9/12/03
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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